

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>08/167846</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing	1	23 DEC 93
<input type="checkbox"/>	Amendment		\$ 120
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND \$ <u>120</u>	
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #: <u>19--2570</u>	
<input type="checkbox"/>	Duplicate Payment		
<input type="checkbox"/>	No Fee Due (Explanation):		
EPO SEARCH			
11 REFUND REQUESTED BY: <u>V. WALLACE</u>			
TYPED/PRINTED NAME: _____		TITLE: <u>Paralegal</u>	
SIGNATURE: <u>Wanda Wallace</u>		PHONE: <u>305-3165</u>	
OFFICE: _____			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Peni Ercutt</u>		DATE: <u>7/22/94</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: